Year Printed/Typed Name

Signature

17. Transporter 1 Ackno

Printed/Typed Name 18. Transporter 2 Ackno

Printed/Typed Name

Month Day

Month

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name

DO NOT WRITE BELOW THIS LINE.

GENERATOR SENDS THIS COPY TO DTSC WITHIN 30 DAYS. P.O. Box 400, Sacramento, CA 95812-0400

**EMERGENCY** 

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SOCOOC

Day

Year